

Testimony

House Concurrent Resolution 3022

Senate Human Services Committee

Tuesday, March 8, 2005; 10:30 a.m.

North Dakota Department of Health

Good morning, Madam Chair and members of the Senate Human Services Committee. My name is Danielle Kenneweg, and I am director of the Division of Cancer Prevention and Control for the North Dakota Department of Health. I am here today to provide testimony in support of House Concurrent Resolution 3022.

The vision of the Division of Cancer Prevention and Control is to reduce the incidence, mortality and morbidity of cancer in North Dakota. To achieve the vision and mission, the Division of Cancer Prevention and Control works to increase cancer prevention and awareness by collecting and reporting quality data, providing public and professional education, and ensuring availability of quality services.

Earlier this legislative session, you heard about the North Dakota Cancer Registry. Just as a refresher, the Cancer Registry collects cancer incidence, survival and mortality data to assist in the development of cancer education, prevention, screening and treatment programs. Between 1997 and 2002, more than 22,500 incidences of cancer were diagnosed and reported to the registry.

The department's *Women's Way* program works to reduce death from breast and cervical cancer by increasing screening among 40- to 64-year-old women who are uninsured or underinsured, and whose incomes are at or below 200 percent of the federal poverty level. Screening services have been provided to more than 6,700 women in North Dakota by local hospitals, clinics, Indian Health Service facilities and public health agencies. Thirteen percent of the women served are American Indian. Since the program's inception in 1997, *Women's Way* has provided 13,335 Pap tests and 8,355 mammograms to eligible women. Eighty-five breast cancers, 558 cervical dysplasias and eight cervical cancers have been diagnosed. Through the special Medicaid treatment program, 97 women have received services.

The Comprehensive Cancer Control Planning Program is working with more than 50 partners to create a coordinated statewide cancer control plan and assemble available resources to carry out the plan. The first step in creating a comprehensive plan is to examine data. With the contracted services of the Center for Rural Health at the University of North Dakota, we are in the middle of a study of the data. It is expected that the analysis will be complete by the end of June. When all the necessary approvals are in place and using existing resources, we expect to begin a study of Medicare claims data from calendar year 2003 to better understand the burden of cancer on North Dakota residents who are covered by Medicare. Plans for the future include one cancer study per grant year. Therefore, the proposed study of human papillomavirus and cervical cancer in the concurrent resolution would be a natural next step for the Comprehensive Cancer Program.

A summary sheet describing the Division of Cancer Prevention and Control is attached. Program brochures from the Cancer Registry and *Women's Way* are also attached.

This concludes my testimony. I am happy to answer any questions you may have.